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1. DoDMERB “Remedial Primer for Everyone

Once an applicant has taken the initial medical exam as an applicant to a US Service Academy, ROTC program, or Uniformed Services University of the Health Sciences (USUHS), there may be a reason for additional tests, evaluations, or information. These are called “remedials.”

DoDMERB will have the capability to pay for required test(s) and/or evaluation(s) in the pursuit of medical qualification for applicants to the 5 US Service Academies, Service ROTC Programs, and USUHS. This contract is with Concorde Inc, Philadelphia, PA. It commences on 1 Nov 06 and has no grandfather provisions. We will pay for those test(s) and/or evaluation(s) assigned by DoDMERB and scheduled AFTER 0001 (12:01 AM), 1 Nov 06 forward. We are unauthorized to pay for any test(s) and/or eval(s) prior to that date.

TYPES OF REMEDIALS

Test = Lab tests (e.g. - repeat urinalysis) or clinical tests (e.g. - 3 day blood pressure check), etc.

Evaluation (also known as a consultation) = an appointment with a health care provider, usually a physician (e.g. cardiologist, orthopedist, etc.).

Administrative = Request for medical records; completion of a questionnaire (which can be found on this website under “FORMS” on the homepage); personal statements regarding injuries, illnesses, or conditions; etc.

When an applicant requires a remedial, they will receive a letter in the mail like the one at Figure A-D located after Section 5.

Figure A -- Letter normally sent as an **initial** remedial letter

Figure B -- Letter normally sent when the applicant's remedial submission was **insufficient**

Figure C -- Letter normally sent when **additional remedial information** is requested by DoDMERB and/or the waiver authority

Figure D -- Letter normally sent when an applicant has **sustained a new injury/illness, normally after he/she had been qualified.**

There will also be a posting to this website (Applicant = Applicant tab off the home page; Bn/Det = Detachment tab off the homepage for in-college applicants---Agency tab for 4 year personnel)

REMEDIAL OPTIONS

An applicant will have three options for remedials pertaining to test(s) and/or evaluations(s):

- 1) **Contractor** = you may choose to utilize our Contractor to obtain remedial services for test(s) and/or evaluation(s). Selecting this option will mean that the cost for the test(s) and/or evaluation(s) will be paid by the government. Transportation and lodging that may be associated with this option will NOT be paid by the government.

Figure E is the list of states/territories and cities where the test(s) or eval(s) will be accomplished. This contract requires Concorde to be able to provide all specialties required within 60 miles of the center of selected cities listed. The test facilities will probably be static (the same ones), but the evaluator (health care specialist) will be a combination of evaluators that will be used repetitively to those that will be used for one or two time occurrences. The ONLY way an applicant will know exactly what test facility and/or health care facility will be assigned will be to choose the Contractor Option.

- 2) **Military Treatment Facility (MTF)** = you may choose this option, but you will have to schedule the appointment yourself and there will be no preference in obtaining appointments. DoDMERB is NOT authorized to assist in any scheduling matters. The cost for the test(s) and/or evaluation(s) will be paid by the government. Transportation and lodging that may be associated with this option will NOT be paid by the government.
- 3) **Personal Choice of Health Care Provider** = Unless specifically directed to get an evaluation performed at an MTF, you may choose to comply with the instructions in the remedial letter by selecting a test facility and/or health care provider of your own. This option will NOT provide you any reimbursement for the cost of the test(s) and or evaluation(s). Transportation and lodging that may be associated with this option will NOT be paid by the government.

ADMINISTRATIVE REMEDIALS

There will be NO reimbursement for any lodging, transportation, or fees associated with these remedials (e.g. – we are NOT authorized to pay for fees associated with copying medical records; postage; etc.)

2. Specific Information for Applicants

If DoDMERB requires a remedial(s), you will receive a letter (example Figure A). If you're already enrolled in an ROTC program, the letter will be sent to your Battalion or Detachment. If you are applying for a 4 year program (Academy, ROTC, or USUHS) or a 3 year guarantee ROTC program, the letter will be mailed to your home address. Upon receipt of the letter, if you choose the Contractor option, go to [Http://www.dodmets.com](http://www.dodmets.com). This is the most efficient and effective way of obtaining your remedial appointments.

3. Specific Information for Bns/Dets

Again, this pertains to REMEDIALS... **NOT** the initial exams. This info is primarily directed to your campus based scholarships/non scholarship applicants. Though Concorde is the Contractor for both, the locations and requirements of the two contracts are different. While there are over 400 centers that provide initial exams, relatively close to where your schools are, this contract requires Concorde to be able to provide all specialties required within 60 miles of the center of selected cities listed in Figure E. This may/will increase the hassle factor a tad, but it was the only way to make the contracted services manageable and cost effective.

The initial exam requires an appointment within 2 weeks of the applicant/Bn/Det contacting the exam center and then requires the results to be provided to DoDMERB within 15 days. The REMEDIAL contract requires an appointment to be provided within 30 days of contact by the applicant/Bn/Det to Concorde and the results provided within 15 days to DoDMERB. Again, these are usually specialists and their schedules will be more complex.

The Bn/Dets have a “vested” interest in having the applicants complete the process as expeditiously as possible... remember; the Bn/Dets are the organizations that initiated the process. Therefore, it is incumbent upon you to monitor progress and stay on top of the situation until a final Q, DQ, or waiver has been rendered.

Upon receipt of the letter, if the applicant chooses the Contractor option, go to [Http://www.dodmets.com](http://www.dodmets.com). This is the most efficient and effective way of obtaining the appointments for your applicants.

4. Specific Information for Admissions/Registrars

For 4 year (Academy, ROTC, USUHS) and 3 year designee (ROTC) applicants, DoDMERB will correspond via mail. Applicants also have access to their file via this DoDMERB secure website. In those cases where DoDMERB or the waiver authority requests a test(s) and/or evaluation that is not listed on the contract, the Director, DoDMERB will re-look the request to try and use a tests(s) and/or evaluation(s) that is available to us.

5. Summary-Questions

If you have specific questions regarding the remedial process or this program, you may email Larry.Mullen@dodmerb.tma.osd.mil. To expedite the response to your question the subject line of the email should state: “Remedial Program /Process Question.” Most questions will be responded to via email, but, we ask that you include your phone number (work, home, cell).

NOTE: ROTC Bn/Det staffs will utilize routine procedures to ask routine questions as stated in your Service ROTC Handbook located at the Detachment button on this website. The only questions that Larry will respond to via the above are questions regarding the process or the program (system questions).

Figure "A"

(Applicant Name)
(Applicant Address)

(Date)

Dear (Mr or Ms Applicant Last Name)

(Applicant SSN)

The Department of Defense Medical Examination Review Board (DoDMERB) has received and reviewed your medical examination for entrance into a Service Academy, ROTC program and/or Uniformed Services University of Health Sciences.

Section I. Special Instructions

Additional information, documentation, test(s) and/or evaluation(s), herein known as remedial(s), are required to render a final qualification or disqualification decision.

Remedials are classified as either; 1) Administrative or, 2) Medical.

- 1) Administrative remedials DO NOT require an appointment with a physician for you to complete. All requested administrative remedials on the following page(s) start with: "D O E S N O T R E Q U I R E A P H Y S I C I A N ' S A P P O I N T M E N T"
- 2) Medical remedials DO require an appointment with a physician or ophthalmologist/optometrist for completion. All requested medical remedials on the following page(s) start with: "R E Q U I R E S A P H Y S I C I A N ' S A P P O I N T M E N T"

Procedures for completing 1) Administrative remedials are contained in **Section II** of this letter.

Procedures for completing 2) Medical remedials are contained in **Section III** of this letter.

It is possible that DoDMERB may request; Administrative, Medical, or both types of remedial(s).

Please ensure you carefully read the requested remedials on the following page(s) and execute the correct procedure(s) in the appropriate section(s).

It is your responsibility to ensure all requested remedials are completed. DoDMERB is unable to continue processing your examination until these actions are finalized and returned to DoDMERB for evaluation.

Section II. Completion of Administrative Remedials

Please complete the administrative remedial(s) requested on the following page(s) of this letter and ensure your name and social security number are reflected on all documentation returned to DoDMERB. Please mail the remedial(s) (if more than one administrative remedial is requested, mail all results together if possible) to the address below:

DoDMERB
8034 Edgerton Drive, Suite 132
USAFA, CO 80840-2200

Section III. Completion of Medical Remedials

You have 3 Options for completing medical remedials. Those options are listed below:

Medical remedials should be scheduled within 90 days of the date of this letter. If option number 1 is your selected method for completing the medical remedial(s) and is not scheduled within 90 days, you must call DoDMERB to have another authorization letter sent to you.

Figure "A"

1. The first option to complete your medical remedial(s) requires you to simply contact our contractor, XXXXX Inc., at 123-456-7890 or at XXXX@XXX.com or at <http://www.XXX.com>. **XXXXX Inc is already aware of your medical remedial requirements.** They will locate the nearest contracted physician and/or test facility in your area, and help you to arrange an appointment. DoDMERB will reimburse the contracted physician and/or test facility for completion of your required medical remedial(s). DoDMERB will not reimburse you for any transportation or lodging costs you may incur. The contracted physician and/or test facility will deliver the results of your medical remedial to DoDMERB, again, at no expense to you. **This is the preferred option when considering timeliness and accuracy of your examination.**
2. The second option you may choose is to complete your medical remedials at a military medical treatment facility (MTF) capable of performing the remedial(s). This option is also at no cost to you, but access may be a limiting factor. Also, not every MTF will be capable of completing every possible medical remedial. Access to military facilities is ever-changing due to national security and staffing. DoDMERB will not be responsible for delays in obtaining appointments or appointments canceled by the MTF for security or staffing reasons.
3. A third option, unless otherwise directed in this letter, is to have the remedial(s) completed by a private physician and/or test facility of your choice, **at your own expense!** **The government WILL NOT pay nor reimburse you for this option!** If you choose this option you will need to make the appointment yourself, and you will need to make arrangements for the results to be mailed to DoDMERB at the address listed in our letterhead. DoDMERB will not be responsible for obtaining the results from a private physician and/or test facility if you choose this option. **TO REPEAT, THE GOVERNMENT WILL NOT, UNDER ANY CIRCUMSTANCES, PAY OR REIMBURSE YOU FOR THIS OPTION!**

If you choose option #2 or #3, complete the medical remedials requested on the following page(s). For option #2, this letter will be your authorization to obtain the remedial(s) and must be brought with you to the military installation for base/post access. Additionally, it will outline the requirements the physicians and/or test personnel will be required to accomplish for options #2 and #3.

If you are under 18 years of age, we strongly suggest you bring a parent or legal guardian with you to your appointment. If that is not possible, then we recommend that you bring a signed statement from a parent or legal guardian that authorizes medical examinations and/or tests to be completed.

Section IV. Additional Information

All remedial results must be either in English or translated into English (translation costs are at your expense and must be accomplished PRIOR to sending to DoDMERB). Please ensure your full name and social security number are placed on all documents forwarded to DoDMERB.

Processing of your remedial information normally requires up to 30 days. If you have not received a letter from DoDMERB after 30 days (see note), or if you have further questions please call (719) 333-3562 and have this letter in-hand when you call. Collect calls can not be accepted. NOTE: If you are a 2 or 3 year on-campus applicant, contact your detachment for assistance.

For your convenience, a real-time status inquiry of your medical status can be checked at our secure website: <https://dodmerb.tricare.osd.mil>. Click on "Applicant" and enter your birthdate and SSN. The first time you log on, you will create your own username and password for access to your medical status.

Sincerely,

DEPARTMENT OF DEFENSE
MEDICAL EXAMINATION REVIEW BOARD

Figure "A"

**** REQUIRED ADDITIONAL INFORMATION ****

*** PLEASE MAIL ALL RESULTS TOGETHER IF POSSIBLE ***

NOTE

All medical remedials, if accomplished by a private physician (option # 3 above) or a Military Treatment Facility (option # 2 above) MUST include a statement from the medical provider stating that the consultation requested by DoDMERB was actually read by the physician/provider. Failure to do so may result in the return of the consultation and delay in the processing of your physical. You are responsible for ensuring that the below requested consultation(s) is given to the provider at the time of your appointment.

Additionally, all medical remedials accomplished by a private physician (option # 3 above) or a Military Treatment Facility (option # 2 above) and administrative remedials MUST have a copy of this request attached when submitting the documents back to DoDMERB.

R100.00	"D O E S N O T R E Q U I R E A P H Y S I C I A N ' S A P P O I N T M E N T" Please provide copies (NOT ORIGINALS) of ALL treatment and/or hospitalization records regarding \$\$\$, to include ALL applicable inpatient and outpatient records including, but not limited to, operative reports, anesthesia records, pathology reports, follow-up visits, rehabilitation records, recovery room records, x-ray reports, etc.
R101.00	"R E Q U I R E S A P H Y S I C I A N ' S A P P O I N T M E N T" Please obtain an evaluation by a cardiologist regarding abnormal ECG .

Figure "B"

(Applicant Name)
(Applicant Address)

(Date)

Dear (Mr or Ms Applicant Last Name)

(Applicant SSN)

DoDMERB received and reviewed your previously submitted remedial. Unfortunately, the documentation received was insufficient and more information is needed to make a determination regarding your medical status.

Section I. Special Instructions

Additional information, documentation, test(s) and/or evaluation(s), herein known as remedial(s), are required to render a final qualification or disqualification decision.

Remedials are classified as either; 1) Administrative or, 2) Medical.

- 1) Administrative remedials DO NOT require an appointment with a physician for you to complete. All requested administrative remedials on the following page(s) start with: "D O E S N O T R E Q U I R E A P H Y S I C I A N ' S A P P O I N T M E N T"
- 2) Medical remedials DO require an appointment with a physician or ophthalmologist/optometrist for completion. All requested medical remedials on the following page(s) start with: "R E Q U I R E S A P H Y S I C I A N ' S A P P O I N T M E N T"

Procedures for completing 1) Administrative remedials are contained in **Section II** of this letter.

Procedures for completing 2) Medical remedials are contained in **Section III** of this letter.

It is possible that DoDMERB may request; Administrative, Medical, or both types of remedial(s).

Please ensure you carefully read the requested remedials on the following page(s) and execute the correct procedure(s) in the appropriate section(s).

It is your responsibility to ensure all requested remedials are completed. DoDMERB is unable to continue processing your examination until these actions are finalized and returned to DoDMERB for evaluation.

Section II. Completion of Administrative Remedials

Please complete the administrative remedial(s) requested on the following page(s) of this letter and ensure your name and social security number are reflected on all documentation returned to DoDMERB. Please mail the remedial(s) (if more than one administrative remedial is requested, mail all results together if possible) to the address below:

DoDMERB
8034 Edgerton Drive, Suite 132
USAF A, CO 80840-2200

Section III. Completion of Medical Remedials

You have 3 Options for completing medical remedials. Those options are listed below:

Medical remedials should be scheduled within 90 days of the date of this letter. If option number 1 is your selected method for completing the medical remedial(s) and is not scheduled within 90 days, you must call DoDMERB to have another authorization letter sent to you.

1. The first option to complete your medical remedial(s) requires you to simply contact our contractor, XXXXX Inc., at 123-456-7890 or at XXXX@XXX.com or at <http://www.XXX.com>. XXXXX Inc is already aware of

Figure “B”

your medical remedial requirements. They will locate the nearest contracted physician and/or test facility in your area, and help you to arrange an appointment. DoDMERB will reimburse the contracted physician and/or test facility for completion of your required medical remedial(s). DoDMERB will not reimburse you for any transportation or lodging costs you may incur. The contracted physician and/or test facility will deliver the results of your medical remedial to DoDMERB, again, at **no expense to you.** **This is the preferred option when considering timeliness and accuracy of your examination.**

2. The second option you may choose is to complete your medical remedials at a military medical treatment facility (MTF) capable of performing the remedial(s). This option is also at no cost to you, but access may be a limiting factor. Also, not every MTF will be capable of completing every possible medical remedial. Access to military facilities is ever-changing due to national security and staffing. DoDMERB will not be responsible for delays in obtaining appointments or appointments canceled by the MTF for security or staffing reasons.
3. A third option, unless otherwise directed in this letter, is to have the remedial(s) completed by a private physician and/or test facility of your choice, **at your own expense!** **The government WILL NOT pay nor reimburse you for this option!** If you choose this option you will need to make the appointment yourself, and you will need to make arrangements for the results to be mailed to DoDMERB at the address listed in our letterhead. DoDMERB will not be responsible for obtaining the results from a private physician and/or test facility if you choose this option. **TO REPEAT, THE GOVERNMENT WILL NOT, UNDER ANY CIRCUMSTANCES, PAY OR REIMBURSE YOU FOR THIS OPTION!**

If you choose option #2 or #3, complete the medical remedials requested on the following page(s). For option #2, this letter will be your authorization to obtain the remedial(s) and must be brought with you to the military installation for base/post access. Additionally, it will outline the requirements the physicians and/or test personnel will be required to accomplish for options #2 and #3.

If you are under 18 years of age, we strongly suggest you bring a parent or legal guardian with you to your appointment. If that is not possible, then we recommend that you bring a signed statement from a parent or legal guardian that authorizes medical examinations and/or tests to be completed.

Section IV. Additional Information

All remedial results must be either in English or translated into English (translation costs are at your expense and must be accomplished PRIOR to sending to DoDMERB). Please ensure your full name and social security number are placed on all documents forwarded to DoDMERB.

Processing of your remedial information normally requires up to 30 days. If you have not received a letter from DoDMERB after 30 days (see note), or if you have further questions please call (719) 333-3562 and have this letter in-hand when you call. Collect calls can not be accepted. NOTE: If you are a 2 or 3 year on-campus applicant, contact your detachment for assistance.

For your convenience, a real-time status inquiry of your medical status can be checked at our secure website: <https://dodmerb.tricare.osd.mil>. Click on “Applicant” and enter your birthdate and SSN. The first time you log on, you will create your own username and password for access to your medical status.

Sincerely,

DEPARTMENT OF DEFENSE
MEDICAL EXAMINATION REVIEW BOARD

Figure “B”

**** REQUIRED ADDITIONAL INFORMATION ****

*** PLEASE MAIL ALL RESULTS TOGETHER IF POSSIBLE ***

NOTE

All medical remedials, if accomplished by a private physician (option # 3 above) or a Military Treatment Facility (option # 2 above) MUST include a statement from the medical provider stating that the consultation requested by DoDMERB was actually read by the physician/provider. Failure to do so may result in the return of the consultation and delay in the processing of your physical. You are responsible for ensuring that the below requested consultation(s) is given to the provider at the time of your appointment.

Additionally, all medical remedials accomplished by a private physician (option # 3 above) or a Military Treatment Facility (option # 2 above) and administrative remedials MUST have a copy of this request attached when submitting the documents back to DoDMERB.

R100.00	“DOES NOT REQUIRE A PHYSICIAN’S APPOINTMENT” Please provide copies (NOT ORIGINALS) of ALL treatment and/or hospitalization records regarding \$\$\$, to include ALL applicable inpatient and outpatient records including, but not limited to, operative reports, anesthesia records, pathology reports, follow-up visits, rehabilitation records, recovery room records, x-ray reports, etc.
R101.00	“REQUIRES A PHYSICIAN’S APPOINTMENT” Please obtain an evaluation by a cardiologist regarding abnormal ECG .

Figure "C"

(Applicant Name)
(Applicant Address)

(Date)

Dear (Mr or Ms Applicant Last Name)

(Applicant SSN)

At the request of XXXX, a subsequent review of your medical examination was conducted. It has been determined that additional test(s), evaluation(s) or information is required before a final medical determination can be made.

Section I. Special Instructions

Additional information, documentation, test(s) and/or evaluation(s), herein known as remedial(s), are required to render a final qualification or disqualification decision.

Remedials are classified as either; 1) Administrative or, 2) Medical.

- 1) Administrative remedials DO NOT require an appointment with a physician for you to complete. All requested administrative remedials on the following page(s) start with: "D O E S N O T R E Q U I R E A P H Y S I C I A N ' S A P P O I N T M E N T"
- 2) Medical remedials DO require an appointment with a physician or ophthalmologist/optometrist for completion. All requested medical remedials on the following page(s) start with: "R E Q U I R E S A P H Y S I C I A N ' S A P P O I N T M E N T"

Procedures for completing 1) Administrative remedials are contained in **Section II** of this letter.

Procedures for completing 2) Medical remedials are contained in **Section III** of this letter.

It is possible that DoDMERB may request; Administrative, Medical, or both types of remedial(s).

Please ensure you carefully read the requested remedials on the following page(s) and execute the correct procedure(s) in the appropriate section(s).

It is your responsibility to ensure all requested remedials are completed. DoDMERB is unable to continue processing your examination until these actions are finalized and returned to DoDMERB for evaluation.

Section II. Completion of Administrative Remedials

Please complete the administrative remedial(s) requested on the following page(s) of this letter and ensure your name and social security number are reflected on all documentation returned to DoDMERB. Please mail the remedial(s) (if more than one administrative remedial is requested, mail all results together if possible) to the address below:

DoDMERB
8034 Edgerton Drive, Suite 132
USAF A, CO 80840-2200

Section III. Completion of Medical Remedials

You have 3 Options for completing medical remedials. Those options are listed below:

Medical remedials should be scheduled within 90 days of the date of this letter. If option number 1 is your selected method for completing the medical remedial(s) and is not scheduled within 90 days, you must call DoDMERB to have another authorization letter sent to you.

1. The first option to complete your medical remedial(s) requires you to simply contact our contractor, **XXXXXX Inc.**, at 123-456-7890 or at **XXXX@XXX.com** or at **<http://www.XXX.com>**. **XXXXXX Inc** is already aware of

Figure “C”

your medical remedial requirements. They will locate the nearest contracted physician and/or test facility in your area, and help you to arrange an appointment. DoDMERB will reimburse the contracted physician and/or test facility for completion of your required medical remedial(s). DoDMERB will not reimburse you for any transportation or lodging costs you may incur. The contracted physician and/or test facility will deliver the results of your medical remedial to DoDMERB, again, at **no expense to you.** **This is the preferred option when considering timeliness and accuracy of your examination.**

2. The second option you may choose is to complete your medical remedials at a military medical treatment facility (MTF) capable of performing the remedial(s). This option is also at no cost to you, but access may be a limiting factor. Also, not every MTF will be capable of completing every possible medical remedial. Access to military facilities is ever-changing due to national security and staffing. DoDMERB will not be responsible for delays in obtaining appointments or appointments canceled by the MTF for security or staffing reasons.
3. A third option, unless otherwise directed in this letter, is to have the remedial(s) completed by a private physician and/or test facility of your choice, **at your own expense!** **The government WILL NOT pay nor reimburse you for this option!** If you choose this option you will need to make the appointment yourself, and you will need to make arrangements for the results to be mailed to DoDMERB at the address listed in our letterhead. DoDMERB will not be responsible for obtaining the results from a private physician and/or test facility if you choose this option. **TO REPEAT, THE GOVERNMENT WILL NOT, UNDER ANY CIRCUMSTANCES, PAY OR REIMBURSE YOU FOR THIS OPTION!**

If you choose option #2 or #3, complete the medical remedials requested on the following page(s). For option #2, this letter will be your authorization to obtain the remedial(s) and must be brought with you to the military installation for base/post access. Additionally, it will outline the requirements the physicians and/or test personnel will be required to accomplish for options #2 and #3.

If you are under 18 years of age, we strongly suggest you bring a parent or legal guardian with you to your appointment. If that is not possible, then we recommend that you bring a signed statement from a parent or legal guardian that authorizes medical examinations and/or tests to be completed.

Section IV. Additional Information

All remedial results must be either in English or translated into English (translation costs are at your expense and must be accomplished PRIOR to sending to DoDMERB). Please ensure your full name and social security number are placed on all documents forwarded to DoDMERB.

Processing of your remedial information normally requires up to 30 days. If you have not received a letter from DoDMERB after 30 days (see note), or if you have further questions please call (719) 333-3562 and have this letter in-hand when you call. Collect calls can not be accepted. NOTE: If you are a 2 or 3 year on-campus applicant, contact your detachment for assistance.

For your convenience, a real-time status inquiry of your medical status can be checked at our secure website: <https://dodmerb.tricare.osd.mil>. Click on “Applicant” and enter your birthdate and SSN. The first time you log on, you will create your own username and password for access to your medical status.

Sincerely,

DEPARTMENT OF DEFENSE
MEDICAL EXAMINATION REVIEW BOARD

Figure “C”

**** REQUIRED ADDITIONAL INFORMATION ****

*** PLEASE MAIL ALL RESULTS TOGETHER IF POSSIBLE ***

NOTE

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R100.00	“DOES NOT REQUIRE A PHYSICIAN’S APPOINTMENT” Please provide copies (NOT ORIGINALS) of ALL treatment and/or hospitalization records regarding \$ \$ \$, to include ALL applicable inpatient and outpatient records including, but not limited to, operative reports, anesthesia records, pathology reports, follow-up visits, rehabilitation records, recovery room records, x-ray reports, etc.
R101.00	“REQUIRES A PHYSICIAN’S APPOINTMENT” Please obtain an evaluation by a cardiologist regarding abnormal ECG .

Figure “D”

(Applicant Name)
(Applicant Address)

(Date)

Dear (Mr or Ms Applicant Last Name)

(Applicant SSN)

DODMERB has been advised that you have had a recent injury/illness. Accordingly, you have been placed in a “medical decision deferred” status, pending our receipt and review of additional test(s), evaluation(s), or information.

Section I. Special Instructions

Additional information, documentation, test(s) and/or evaluation(s), herein known as remedial(s), are required to render a final qualification or disqualification decision.

Remedials are classified as either; 1) Administrative or, 2) Medical.

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- 2) Medical remedials DO require an appointment with a physician or ophthalmologist/optometrist for completion. All requested medical remedials on the following page(s) start with: “R E Q U I R E S A P H Y S I C I A N ’ S A P P O I N T M E N T”

Procedures for completing 1) Administrative remedials are contained in **Section II** of this letter.

Procedures for completing 2) Medical remedials are contained in **Section III** of this letter.

It is possible that DoDMERB may request; Administrative, Medical, or both types of remedial(s).

Please ensure you carefully read the requested remedials on the following page(s) and execute the correct procedure(s) in the appropriate section(s).

It is your responsibility to ensure all requested remedials are completed. DoDMERB is unable to continue processing your examination until these actions are finalized and returned to DoDMERB for evaluation.

Section II. Completion of Administrative Remedials

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DoDMERB
8034 Edgerton Drive, Suite 132
USAF A, CO 80840-2200

Section III. Completion of Medical Remedials

You have 3 Options for completing medical remedials. Those options are listed below:

Medical remedials should be scheduled within 90 days of the date of this letter. If option number 1 is your selected method for completing the medical remedial(s) and is not scheduled within 90 days, you must call DoDMERB to have another authorization letter sent to you.

Figure “D”

1. The first option to complete your medical remedial(s) requires you to simply contact our contractor, XXXXX Inc., at 123-456-7890 or at XXXX@XXX.com or at <http://www.XXX.com>. **XXXXX Inc is already aware of your medical remedial requirements.** They will locate the nearest contracted physician and/or test facility in your area, and help you to arrange an appointment. DoDMERB will reimburse the contracted physician and/or test facility for completion of your required medical remedial(s). DoDMERB will not reimburse you for any transportation or lodging costs you may incur. The contracted physician and/or test facility will deliver the results of your medical remedial to DoDMERB, again, at no expense to you. **This is the preferred option when considering timeliness and accuracy of your examination.**
2. The second option you may choose is to complete your medical remedials at a military medical treatment facility (MTF) capable of performing the remedial(s). This option is also at no cost to you, but access may be a limiting factor. Also, not every MTF will be capable of completing every possible medical remedial. Access to military facilities is ever-changing due to national security and staffing. DoDMERB will not be responsible for delays in obtaining appointments or appointments canceled by the MTF for security or staffing reasons.
3. A third option, unless otherwise directed in this letter, is to have the remedial(s) completed by a private physician and/or test facility of your choice, **at your own expense!** **The government WILL NOT pay nor reimburse you for this option!** If you choose this option you will need to make the appointment yourself, and you will need to make arrangements for the results to be mailed to DoDMERB at the address listed in our letterhead. DoDMERB will not be responsible for obtaining the results from a private physician and/or test facility if you choose this option. **TO REPEAT, THE GOVERNMENT WILL NOT, UNDER ANY CIRCUMSTANCES, PAY OR REIMBURSE YOU FOR THIS OPTION!**

If you choose option #2 or #3, complete the medical remedials requested on the following page(s). For option #2, this letter will be your authorization to obtain the remedial(s) and must be brought with you to the military installation for base/post access. Additionally, it will outline the requirements the physicians and/or test personnel will be required to accomplish for options #2 and #3.

If you are under 18 years of age, we strongly suggest you bring a parent or legal guardian with you to your appointment. If that is not possible, then we recommend that you bring a signed statement from a parent or legal guardian that authorizes medical examinations and/or tests to be completed.

Section IV. Additional Information

All remedial results must be either in English or translated into English (translation costs are at your expense and must be accomplished PRIOR to sending to DoDMERB). Please ensure your full name and social security number are placed on all documents forwarded to DoDMERB.

Processing of your remedial information normally requires up to 30 days. If you have not received a letter from DoDMERB after 30 days (see note), or if you have further questions please call (719) 333-3562 and have this letter in-hand when you call. Collect calls can not be accepted. NOTE: If you are a 2 or 3 year on-campus applicant, contact your detachment for assistance.

For your convenience, a real-time status inquiry of your medical status can be checked at our secure website: <https://dodmerb.tricare.osd.mil>. Click on “Applicant” and enter your birthdate and SSN. The first time you log on, you will create your own username and password for access to your medical status.

Sincerely,

DEPARTMENT OF DEFENSE
MEDICAL EXAMINATION REVIEW BOARD

Figure “D”

**** REQUIRED ADDITIONAL INFORMATION ****

*** PLEASE MAIL ALL RESULTS TOGETHER IF POSSIBLE ***

NOTE

All medical remedials, if accomplished by a private physician (option # 3 above) or a Military Treatment Facility (option # 2 above) MUST include a statement from the medical provider stating that the consultation requested by DoDMERB was actually read by the physician/provider. Failure to do so may result in the return of the consultation and delay in the processing of your physical. You are responsible for ensuring that the below requested consultation(s) is given to the provider at the time of your appointment.

Additionally, all medical remedials accomplished by a private physician (option # 3 above) or a Military Treatment Facility (option # 2 above) and administrative remedials MUST have a copy of this request attached when submitting the documents back to DoDMERB.

R100.00	“DOES NOT REQUIRE A PHYSICIAN’S APPOINTMENT” Please provide copies (NOT ORIGINALS) of ALL treatment and/or hospitalization records regarding \$\$\$, to include ALL applicable inpatient and outpatient records including, but not limited to, operative reports, anesthesia records, pathology reports, follow-up visits, rehabilitation records, recovery room records, x-ray reports, etc.
R101.00	“REQUIRES A PHYSICIAN’S APPOINTMENT” Please obtain an evaluation by a cardiologist regarding abnormal ECG .

Figure "E"

State						
Alabama	Birmingham	Montgomery	Mobile			
Alaska	Anchorage	Fairbanks				
Arizona	Flagstaff	Phoenix	Tuscon			
Arkansas	Fayetteville	Little Rock				
California	Fresno	Los Angeles	Redding	San Diego	San Francisco	Santa Barbara
Colorado	Colorado Springs	Denver				
Connecticut	Hartford					
Delaware	Dover					
District of Columbia	District of Columbia					
Florida	Gainesville	Jacksonville	Miami	Tallahassee	Tampa	
Georgia	Atlanta	Augusta	Columbus	Savannah		
Hawaii	Honolulu					
Idaho	Boise	Pocatello				
Illinois	Carbondale	Peoria	Springfield			
Indiana	Indianapolis	South Bend				
Iowa	Cedar Rapids	Des Moines	Dubuque			
Kansas	Kansas City	Wichita				
Kentucky	Louisville					
Louisiana	Baton Rouge	Shreveport				
Maine	Bangor	Portland				
Maryland	Baltimore					
Massachusetts	Boston	Springfield				
Michigan	Detroit	Lansing				
Minnesota	Duluth	Minneapolis				
Mississippi	Columbus	Jackson				
Missouri	Springfield	St. Louis				
Montana	Billings	Great Falls	Missoula			
Nebraska	Omaha					
New Hampshire	Dover					
New Jersey	Newark					
New Mexico	Albuquerque					
New York	Albany	Buffalo	New York City	Syracuse		
Nevada	Las Vegas	Reno				
North Carolina	Charlotte	Raleigh				
North Dakota	Bismarck	Fargo				
Ohio	Cincinnati	Cleveland	Columbus			
Oklahoma	Oklahoma City	Tulsa				
Oregon	Eugene	Medford	Portland			
Pennsylvania	Erie	Philadelphia	Pittsburgh	Wilkes-Barre		
Puerto Rico	Mayaguez	St. Juan				
Rhode Island	Providence					
South Carolina	Charleston	Columbia				
South Dakota	Pierre	Rapid City	Sioux Falls			
Tennessee	Chattanooga	Johnson City	Knoxville	Memphis	Nashville	
Texas	Abilene	Amarillo	Corpus Christi	Dallas	Del Rio	
Texas	Houston	Lubbock	San Antonio	Wichita Falls		
Utah	Salt Lake City					
Vermont	Barre					
Virgin Islands	Christiansted					
Virginia	Alexandria	Norfolk	Richmond	Roanoke		
Washington	Seattle	Spokane	Yakima			
West Virginia	Huntington	Morgantown				
Wisconsin	Green Bay	Milwaukee	Wausau			

Wyoming	Casper	Cheyenne				
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